

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045863

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 032

Primary Registration District No. \_\_\_\_\_

Registrar's No. 2

FILED JAN 9 1963

## 1. PLACE OF DEATH

a. COUNTY Bollingerb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Glen AllenLength of stay in lb  
2 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Family HomeInside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Bollingerc. CITY OR TOWN Glen AllenInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Box 141Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
TILDA CAROLINE JOHNSON4. DATE OF DEATH  
Month Day Year  
Dec. 15 19625. SEX  
F6. COLOR OR RACE  
W7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
11-8-859. AGE (last birthday)  
77IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife10b. KIND OF BUSINESS OR INDUSTRY  
None11. BIRTHPLACE (City and state or country)  
Illinois12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Truman Johnson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Gertrude O'Hara, Glen Allen, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Starvation

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Metastatic carcinoma2 or 3

## DUE TO (c)

Carcinoma of Cervixyes.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-23-62 to 12-15-62 and last saw him alive on 12-13-62  
Death occurred at 1:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## Degree or title

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Ward Funeral Home, Lutesville, Mo.1-3-63Mrs. Buford Crader

MAY 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Kenneth Liley*

Licensed Embalmer No.

15086

P. O. Address

*Subiaco, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.